Indira Securities Pvt. Ltd.

204, 205, Amardarshan Building, 28/2 Old Palasia, Indore - 452018 (M.P.)

DEPOSIT REQUEST FORM
RP ID - 12017000

(To be filled up by the Repository Participant)

Deposit Request No.*				Request Date*	D	D	M	M	Y	Y	Y	Y		
Deposit Type*	☐ General ☐ Exchange (For Exchange Deliverable Deposit, type 'Exchange' to be selected)													
Exchange Id* (Required only when deposit is meant for exchange)			Exchange Name				UCC							

(To be filled by the depositor / client. Please fill all the details in BLOCK LETTERS in English)
I/We request you to deposit the enclosed commodity in my / our name into my/our commodity account.

RP ID	1	2	0	1	7	0	0	0	Depositor/Client ID									
Depositor / Client ID																		

WSP ID*		WSP Name	
WH ID*		WH Name	
Negotiable Receipt* ☐ (If not market, the default option would be'No')		Assaying Required* Yes ☐ No ☐ (If not marked, the default option would be 'No')	
Commodity Code*		Commodity Name	
No. of Packages or Bags*		Bag UOM*	Quintal
Bag Size (in Quintal)*		Qty UOM*	Quintal
Bag Type*	☐ PLASTIC ☐ JUTE ☐ BALES ☐ DRUM ☐ PP Please Specify_____	Quality Standard* (As per Agmark Standars)	Agmark Standars

Signature of Clients (s)*

	Sole/First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Signature as per RP Records			

For: Indira Securities Pvt. Ltd.
Signature of the Authorised Signatory

---------- (Please Tear Here) ----------

Acknowledgement Receipt

DRF No.									Date	D	D	M	M	Y	Y	Y	Y	
RP ID	1	2	0	1	7	0	0	0	Depositor/Client ID									
Commodity Name																		
Quantity																		
UOM																		
WSP ID																		
WH ID																		

We hereby acknowledge the receipt of commodity / documents, in respect of the above commodity for deposit subject to veridication.

For: Indira Securities Pvt. Ltd.
Signature of the Authorised Signatory

Indira Securities Pvt. Ltd.

204, 205, Amardarshan Building, 28/2 Old Palasia, Indore - 452018 (M.P.)

DEPLEDGE REQUEST FORM

RP ID - 12017000

☐ **Depledge by Pledgor** ☐ **Depledge by Pledgee**

Please fill in the details in **Block Letters** in English

Pledge closure Request No.*									Execution Date*	D	D	M	M	Y	Y	Y	Y
Request Date*	D	D	M	M	Y	Y	Y	Y	Pledge Closure Date*	D	D	M	M	Y	Y	Y	Y
Pledge Sequence No.*																		

I/We request you to set up a Depledge request on my / our behalf. I/We have read and understaood the WDRA Act, Rules and Regulations, CCRL Bye Laws and Business Rules in relation to Depledge of commodities and I/We agree to abide by and be bound by the WDRA Act, Rules and Regulations, CCRL Bye Laws and Business Rules as are in force from time to time for such Depledge.

Pledgor's Details																	
RP ID	1	2	0	1	7	0	0	0	Client/Depositor ID*								
Pledgor Name																	

Pledgee's Details					
☐ CC	CC ID*		CC Name		Inter Repository
RP ID*			RP Name		
Pledgee client ID*			Pledgee Client Name		

WH ID.*		WSP Name	
Commodity Code*		Commodity Name	

eNWR Number	Pledge number of Bags/ Packs	Number of Bags / Packs to De-pledged	Accepted / Rejected by Pledge (To be filled by pledge only)

Attach an annexure duly signed by the account bolder (s), if the space above is insufficient.
I/We declare that the above particulars given by me/ us above are true to the best of my/ our knowledge.

To be filled and signed in case of Set-up of Depledge by Pledgor client.

Signature of the Pledger*

Sole / First Authorised Signatory	**Sole / Fist Authorised Signatory**	**Sole / First Authorised Signatory**

To be filled and signed in case of Set-up of Depledge by Pledgee client.

Signature of the Pledgee*

Sole / First Authorised Signatory	**Sole / Fist Authorised Signatory**	**Sole / First Authorised Signatory**

(Please Tear Here)

Acknowledgement Receipt

Received de-pledge request form :

Pledge closure Request No.		Request Date	D	D	M	M	Y	Y	Y	Y

For: Indira Securities Pvt. Ltd.
Signature of the Authorised Signatory

Indira Securities Pvt. Ltd.

204, 205, Amardarshan Building, 28/2 Old Palasia, Indore - 452018 (M.P.)

Conversion Form

RP ID - 12017000

☐ **Physical WR to eNNWR** ☐ **PHYSICAL WR to eNWR** ☐ **eNNWR to eNWR**

(To be filled up by the Repository Participant)

Conversion Request No.*							Request Date*	D	D	M	M	Y	Y	Y	Y
Deposit Type*	☐General ☐Exchange (For Exchange Deliverable Deposit, type 'Exchange' to be selected)														
Exchange Name															
Exchange Id* (Required only when deposit is meant for exchange)							Exchange Name					UCC			

(To be filled by the Co. Please fill all the details in **BLOCK LETTERS** in English)

I/We request you to convert WR to eNWR/eNNWR for enclosed commodity in my/our name into my / our commodity account.

RP ID*	1	2	0	1	7	0	0	0	Client ID*							
Client ID																

WSP ID*		WSP Name	
WH ID*		WH Name	
Negotiable Receipt* ☐ (If not market, the default option would be'No')		Assaying Required* Yes ☐ No ☐ (If not marked, the default option would be 'No')	
Commodity Code*		Commodity Name	
No. of Packages or Bags*		Bag UOM*	Quintal
Bag Size (In Quintal)*		Qty UOM*	Quintal
Bag Type*	☐ PLASTIC ☐ JUTE ☐ BALES ☐ DRUM ☐ PP Please Specify_____	Quality Standard* (As per Agmark Standars)	Agmark Standars

Exchange Id* (In case of Exchange Deposit)		UCC	

Signature of Clients (s)*

	Sole/First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Signature as per RP Records			

I/We agree to abide by and be bound by the WDRA Act, Rules and Regulations, CCRL Bye Laws and Business Rules as are in force from time to time for such conversion.

For: Indira Securities Pvt. Ltd.
Signature of the Authorised Signatory

(Please Tear Here)

Acknowledgement Receipt

Conversion Request No.									Date	D	D	M	M	Y	Y	Y	Y
RP ID	1	2	0	1	7	0	0	0	Depositor/Client ID								
Depositor / Client ID																	
Depositor / Client Name																	
Commodity Name																	
Quantity																	
UOM																	
WSP ID																	
WH ID																	

We hereby acknowledge the receipt of commodity / documents, in respect of the above commodity for eNWR to eNNWR deposit subject to verification.

For: Indira Securities Pvt. Ltd.
Signature of the Authorised Signatory

Indira Securities Pvt. Ltd.

204, 205, Amardarshan Building, 28/2 Old Palasia, Indore - 452018 (M.P.)

RP ID 12017000

Consolidated Transfer Transaction Instruction Form

(To be filled in duplicate)

☐ **Delivery** ☐ **Receipt**

Request No.: # _____

I / We request you to debit / credit my / our account as under: - | Date: - D D M M Y Y Y Y Y Y

RPID 1 2 0 1 7 0 0 0 | Client ID | Client Name

Sr. No.	eNWR No.	Commodity Id and Name	No of Bags	QUANTITY		WSP ID	WH ID
				In figures	In words		
1							
2							
3							
4							
5							
Total Instructions Issued (In words only) →							

If transfers from CO (Investor) account to another CO (Investor) account and NOT RELATED to Exchange Transactions: -
Please specify reason (as given below):-
• Gift • Consideration:-
Please mention consideration amount in Rs._____

TMID (Applicable for Early Pay-in and Normal Pay-in)	CMID (Applicable for Early Pay-in and Normal Pay-in)	Execution Date (Not Applicable for Early Pay-in and Normal Pay-in)
		D D M M Y Y Y Y

-: Fill the relevant columns :-

Instruction Type →	Account Transfer - With in CCRL (Transaction)		Account Transfer - Outside CCRL (Inter Repository)		Market Trades (Settlements)	
Settlement Details →	CO-CO	CO-CM, CM-CO, CM-CM, CM-TM, TM -CO	CO-CO	CO-CM, CM-CO, CM-CM, CM-TM, TM -CO	Early Pay-in	Normal Pay-in
Exchange Name →	OPTIONAL		OPTIONAL			
Settlement / Market Type →	OPTIONAL		OPTIONAL			
Settlement Number →						
Counter RP ID / CM ID →					NOT APPLICABLE	NOT APPLICABLE
Counter Client ID →					NOT APPLICABLE	NOT APPLICABLE
Counter CO / CM Name →						
Counter Settlement Details		CM-CM		CM-CM		
Exchange Name →	NOT APPLICABLE		NOT APPLICABLE		NOT APPLICABLE	NOT APPLICABLE
Settlement / Market Type →	NOT APPLICABLE		NOT APPLICABLE		NOT APPLICABLE	NOT APPLICABLE
Settlement Number →	NOT APPLICABLE		NOT APPLICABLE		NOT APPLICABLE	NOT APPLICABLE

-: Blank & Signed Delivery Instruction Slips should not be left with your RP/Broker :-

Signature of First / Sole Holder	Signature of Second Holder	Signature of Third Holder

-: For RPs office use only :-

Internal Ref. No.		Signature Verified By		Transaction Entered By	

I/We agree to abide by and be bound by the WDRA Act, Rules and Regulations, CCRL Bye Laws and Business Rules as are in force from time to time for such Transfer.

Indira Securities Pvt. Ltd.

204, 205, Amardarshan Building, 28/2 Old Palasia, Indore - 452018 (M.P.)

RP ID - 12017000

FREEZE / UNFREEZE REQUEST FORM

Please fill all the details in **Block Letters** in English

Request No.*				Request Date*	D D M M Y Y Y Y
Freeze* / Unfreeze*	☐ Debit	☐ Credit	☐ Both	☐ eNNWR No	☐ eNWR No.

(For Freeze Only)

WSP ID*		Commodity Code*	
WH ID*		Commodity Name	
Freeze From Date*	D D M M Y Y Y Y	RP ID	
Freeze To Date*	D D M M Y Y Y Y	Client ID	

SR. NO.	eNWR No.	Commodity ID and Name	No. of Bags	QUANTITY	
				In figures	In words
1					
2					
3					
4					
5					
Total Instructions Issued (In words only)					

Attach an annexure duly signed by the account holder(s), if the space above is insufficient.

For Unfreeze

FrEeze Reference No.*					
SR. NO.	eNWR No.	Commodity ID and Name	No. of Bags	QUANTITY	
				In figures	In words
1					
2					
3					
4					
5					
Total Instructions Issued (In words only)					

Attach an annexure duly signed by the account holder(s), if the space above is insufficient.

I/We declare that the particulars given by me/us above are true to the best of my/our knowledge. I/We agree to abide by and be bound by the WDRA Act, Rules and Regulations, CCRL Bye Laws and Business Rules as are in force from time to time for such freeze/unfreeze request.

Name & Signature of the Account Holder(s)

	Sole/First Authorised Signatory	**Second Authorised Signatory**	**Third Authorised Signatory**
Name			
Signature			

For: Indira Securities Pvt. Ltd.
Signature of the Authorised Signatory

(Please Tear Here)

Acknowledgement Receipt

Application No.									Date	D D M M Y Y Y Y							
Received Freeze / Unfreeze request from:																	
RP ID	1	2	0	1	7	0	0	0	Client ID								
Client Name																	

For: Indira Securities Pvt. Ltd.
Signature of the Authorised Signatory

Indira Securities Pvt. Ltd.

204, 205, Amardarshan Building, 28/2 Old Palasia, Indore - 452018 (M.P.)

ACCOUNT CLOSURE REQUEST FORM

Application No.		Date	D D M M Y Y Y Y
Closure Intiatived by	☐ Depositer/Client ☐ RP ☐ CCRL		

To,

Indira Securities Pvt. Ltd.

204, 205, Amardarshan Building, 28/2 Old Palasia, Indore - 452018 (M.P.)

Dear Sir / Madam,
I/We the commodity Owner (Client) / Clearing Member request you to close my/our account with you from the date of this appliation. The details of my/our account are given below:

Account Holder's Details

RP ID	1	2	0	1	7	0	0	0		**Client ID**								
Client Name*																		
Address for Correspondence																		
City*			State*				Pin*											

Details of remaining commodity balances in the account (if any)																		
Reasons for Closing the Account																		
Balance remaining in the account (if any) to be :																		
☐ Partly withdrawn and partly transferred. ☐ Withdrawn																		
☐ Transferred to another account (Number given below) ☐ Not applicable																		
RP ID										CLIENT ID								
Balance present in account for (To be filled by FP, if applicable)	☐ Pending for Deposit ☐ Pledged ☐ Pending for Wighdrawal ☐ Frozen ☐ Lock-in																	

DECLARATION : In case of Account Closure due to SHIFTING OF ACCOUNT:
I/We declare and confirm that all the transactions in my/our commodity account are true/authentic.

	Sole/First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Signature as per RP Records			

*If R P or CCRL initiates account closure, Signature(s) of account holder(s) not required.

---------- (Please Tear Here) ----------

Acknowledgement Receipt

Application No. ..... **Date : .....**

We here by acknowledge the receipt of your instruction for Closing the following Account subject to verification :

RP ID*	1	2	0	1	7	0	0	0		Client ID*								
Client Name																		
Reason for Closure																		

Instructions to Clients(s)

- Submit a duly-filled withdrawal request forrit the balances are to be withdrawn
- Submit a duly-filled instruction Slip (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of **"SHIFTING OF ACCOUNT".**
- Submit a duly-filled board resolution with closure request of non-individual account.

For: Indira Securities Pvt. Ltd.
Signature of the Authorised Signatory

Indira Securities Pvt. Ltd.

204, 205, Amardarshan Building, 28/2 Old Palasia, Indore - 452018 (M.P.)

TRANSMISSION FORM

Application No.		Date	D	D	M	M	Y	Y	Y	Y

Please fill all the details in **Block Letters** in English

To,
Indira Securities Pvt. Ltd.
204, 205, Amardarshan Building, 28/2 Old Palasia, Indore - 452018 (M.P.)

Dear Sir / Madam,

I/We, the undersigned, being the (tick whichever is applicable)

☐ Executor/s of the will ☐ Successor ☐ Legal heir/is ☐ Nominee ☐ Survivor of HUF ☐ Survivor of Partnership

of Mr./Mrs./Ms. _____. who has expired.

Account Number of the deceased client:

RP ID	1	2	0	1	7	0	0	0		Client ID								

The Original Death Certificate / a copy of the death certificate, duly notarized or attested under seal by a Gazetted Officer (strike out what is not applicable), is attached herewith
Kindly transmit all commodity holdings in the deceased client account mentioned above to the client(s) account mentioned below:

ACCOUNT NUMBER:

Sr. No.	Name(s) of the surviving holder(s) of HUF/ Successor(s) / Legal heir(s) /Nominee (s) / Executor/s of the will / Survivor of Partnership	RP ID	Client ID

Details of Transmission:

Sr. No.	Commodity Name	eWR / eNWR	WR No.	Quantity to be transmitted	Quantity UOM

Attach an annexure duly signed by the surviving holder(s) / Successor(s) / Legal heir(s) /Nominee (s) / Executor/s of the will, if the space above is insufficient.

Sr. No.	Name(s) of the surviving holder(s) / Successor(s) / Legal heir(s) /Nominee (s) / Executor/s of the will / Survivor of Partnership	Signature(s)

Documents Submitted

- ☐ Original Death Certificate
- ☐ Copy of Death Certificate (dulu notalized / attested under seal by a Gazetted Officer)
- ☐ Succession Certificate
- ☐ Probate of the Will
- ☐ Court Decree
- ☐ Indemnity
- ☐ Affidavit
- ☐ No objection certificate (s)

Documents subject to verification.

Note:
1. This request form should be signed by the surviving joint holder(s)/legal heir(s)/legal representative(s)/nominee/all surviving members of the HUF, as the case may be.
2. *Strike off whichever is not applicable.

----------(Please Tear Here)----------

Acknowledgement Receipt

Application No.		Date	D	D	M	M	Y	Y	Y	Y

We hereby acknowledge receipt of the following instructions for transmission, as per the details given in the Transmission Form:

Account number of:

Sr. No.	Name(s) of the surviving holder(s) / Successor(s) / Legal heir(s) / Nominee (s) / Executor/s of the will / Survivor of Partnership	RP ID	Client ID

Indira Securities Private Limited Indore (M.P.)

For: Indira Securities Pvt. Ltd.
Signature of the Authorised Signatory

Indira Securities Pvt. Ltd.

204, 205, Amardarshan Building, 28/2 Old Palasia, Indore - 452018 (M.P.)

RECTIFICATION OF ERRORS FORM

Date	D	D	M	M	Y	Y	Y	Y

To,
Indira Securities Pvt. Ltd.
204, 205, Amardarshan Building, 28/2 Old Palasia, Indore - 452018 (M.P.)

Dear Sir / Madam,

I/We the commodity Owner (Client) request your rectification of errors in my/our WR/eNWR records as given below:

RP ID	Client ID	Client Name
WH ID	**WR Types**	**WR No.**

DETAILS (Please specify change of Quantity, wh, WSP, No. of bags, client etc.)	**Existing Details**	**Details to be rectified**	**Reason for Rectification**

	Sole/First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Signature as per RP Re-conds			

(Please Tear Here)

Acknowledgement Receipt

We here by acknowledge the receipt of your request for rectification for error for eWR / eNWR recods of following account subject to verification:

Date	D	D	M	M	Y	Y	Y	Y

RP ID*	1	2	0	1	7	0	0	0		Client ID*								
Client Name																		

For: Indira Securities Pvt. Ltd.
Signature of the Authorised Signatory

Instructions to Clients(s)

For errors committed by Repository participant (RP), if the following conditions are fulfilled, then the RP can rectify the errors:

- The receipt/s in question are fully held by the transferee Commodity Owner. After the physical deposit of commodities, it is not transferred to any other holder either partially or fully.
- The receipt/s in question are fully unencumbered i.e. they are not pledged either partially or fully to any Lender/ Pledgee/ Financial Institution.
- The receipt/s in question are not in “freeze” status partially or fully. Or in other words, they are free balances held by the transferee Commodity Holder of the goods.

Indira Securities Pvt. Ltd.

204, 205, Amardarshan Building, 28/2 Old Palasia, Indore - 452018 (M.P.)

RE-ASSAYING REQUEST FORM

(To be filled up by the Depositor / Client

Date	D	D	M	M	Y	Y	Y	Y

(To be filled up by the Depositor / Client Please fill all the details in **BLOCK LETTERS** in English.)

I/We request you for re-assaying the enclosed commodity in my/our name into my/our commodity account.

RP ID	1	2	0	1	7	0	0	0	Client ID								
Client Name																	

WSP ID*		WSP Name	
WH ID*		WH Location*	
Commodity Code*		Commodity Name	
Quantity*		UOM*	
Quantity in figures*			

SR. NO.	WR Tupe eWR / eNWR	WR Number	Quantity	Shelf life Date	Sample Number
1					
2					
3					
4					
5					

Attach an annexure (duly signed by client/s) in the above format if the space is not sufficient.

Signature of Clients (s)*

	Sole/First Authorised Signatory	**Second Authorised Signatory**	**Third Authorised Signatory**
Name			
Signature as per RP Records			

Depositor / Client Signature

(Please Tear Here)

Acknowledgement Receipt

Date	D	D	M	M	Y	Y	Y	Y

RP ID	1	2	0	1	7	0	0	0	Client ID								
Client Name																	
Commodity Name																	
Quantity																	
UOM																	
WSP ID																	
WH Location																	

We hereby acknowledge the receipt of re-assaying request, in respect of the above commodity subject to verification.

WSP / WH Seal & Signature

Indira Securities Pvt. Ltd.

204, 205, Amardarshan Building, 28/2 Old Palasia, Indore - 452018 (M.P.)

PLEDGE REQUEST FORM (PRF)

RP ID - 12017000

☐ **Setup of Pledge** ☐ **Confirmation of Pledge**

Please fill in the details in **Block Letters** in English

Pledge closure Request No.*									Request Date*	D	D	M	M	Y	Y	Y	Y
Execution Date*	D	D	M	M	Y	Y	Y	Y									

I/We request you to create the pledge / confirm the creation of pledge for the following commodity. I/We have read and understood the WDRA Act, Rules and Regulations, CCRL Bye Laws and Business Rules in relation to pledge of commodities and I/We agree to abide by and be bound by the WDRA Act, Rules and Regulations, CCRL Bye Laws and Business Rules as are in force from time to time for such pledges.

Pledgor's Details *																
RP ID	1	2	0	1	7	0	0	0	Client/Depositor ID*								
Pledgor Name																	

Pledgee's Details																
☐ CC	CC ID*								CC Name							☐ Inter Repository
RP ID*									RP Name							
Pledgee client ID*									Pledgee Client Name							

WH ID.*		WSP Name	
Commodity Code*		Commodity Name	

Details of Commodity offered for Pledge.*

eNWR Number	Pledge number of Bags/ Packs	Pledge Value	Accepted / Rejected by Pledge (To be filled by pledgee only)

Attach an annexure duly signed by the account holder(s), if the space above is insufficient.

To be filled and signed in case of Set-up of Pledge by Pledgor Client*

Signature of the Pledgor*

Sole / First Authorised Signatory	Sole / Fist Authorised Signatory	Sole / First Authorised Signatory

As a pledgee, I/We are aware that the pledge recorded in the system only prohibits the Pledgor from dealing with commodity until redemption/ maturity/shelf life date of the commodity pledged and that the records of pledged commodity may be removed from the system as a result of redumption/maturity/shelf life date of the commodity.

To be filled in case of acceptance of Pledge by Pledgee Client*

Pledge Expiry Date*	D	D	M	M	Y	Y	Y	Y	Agreement No.*	
Date of Pledging*	D	D	M	M	Y	Y	Y	Y		

Signature of the Pledgee(s)*

Sole / First Authorised Signatory	Sole / Fist Authorised Signatory	Sole / First Authorised Signatory

* If the Pledgee ia a bank RP, the signature of the pledgee need not be taken on the pledge request form.

I/We confirm that the details of the Depositor/Client account holders stated above are true and correct. Also, the balance of eWR/eNWR offered for pledge is unencumbered and is a free balance. I hereby understand that Pledge closure / Pledge invocation will be executed on full or partial pledged Quantity.

---------- (Please Tear Here) ----------

Acknowledgement Receipt

Received pledge request form:

Pledge Request No.		Request Date	D	D	M	M	Y	Y	Y	Y

For: Indira Securities Pvt. Ltd.

Signature of the Authorised Signatory

Indira Securities Pvt. Ltd.

204, 205, Amardarshan Building, 28/2 Old Palasia, Indore - 452018 (M.P.)

INVOCATION REQUEST FORM (IRF)

RP ID - 12017000

Please fill all the details in Block Letters in Egnlish. To be filled by the pledgee.

Invocation Request No.*								Date*	D	D	M	M	Y	Y	Y	Y
Date of Invocation*	D	D	M	M	Y	Y	Y	Y								
Pledge Sequence No.*																

I/We request you to set up an Invocation request on my/our behalf. I/We have read and understood the WDRA Act, Rules and Regulations, CCRL Bye Laws and Business Rules in relation to Invocation of commodities and I/We agree to abide by and be bound by the WDRA Act, Rules and Regulations, CCRL Bye Laws and Business Rules as are in force from time to time for such Invocation.

Pledgor's Details *																
RP ID	1	2	0	1	7	0	0	0	Client/Depositor ID*								
Pledgor Name																	

Pledgee's Details															
☐ CC	CC ID*								CC Name					☐ Inter Repositor	
RP ID*									RP Name						
Pledgee client ID*									Pledgee Client Name						

WH ID.*		WSP Name	
Commodity Code*		Commodity Name	

eNWR Number	Pledge number of Bags/ Packs	Number of Bags / Packs to Invoked	Accepted / Rejected by Pledge

Attach an annexure duly signed by the Pledgee(s), if the space above is insufficient.

The invocation request is being set up for the reasons mentioned hereunder:-

Signature of the Pledger*

Sole / First Authorised Signatory	Sole / Fist Authorised Signatory	Sole / First Authorised Signatory

For: Indira Securities Pvt. Ltd.
Signature of the Authorised Signatory

(Please Tear Here)

Acknowledgement Receipt

Received de-pledge request form :

Pledge closure Request No.		Request Date	D	D	M	M	Y	Y	Y	Y

For: Indira Securities Pvt. Ltd.
Signature of the Authorised Signatory

Indira Securities Pvt. Ltd.

204, 205, Amardarshan Building, 28/2 Old Palasia, Indore - 452018 (M.P.)

WITHDRAWAL REQUEST FORM (WRF)

(To be filled up by the Repository Participant)

Please fill all the details in **BLOCK LETTERS** in English.

Withdrawal Requent No.*		Request Date*	D	D	M	M	Y	Y	Y	Y

I/We request you to arrange to withdrawal set-up the commodity eWR/eNWR mentioned hereunder held in our commodity account.

Warehouse ID*								Commodity Code*		Commodity Name	
RP ID*	1	2	0	1	7	0	0	0	Client ID		
Client Name											

SR. NO.	WR Tupe eWR / eNWR	No. of Bags/Packs	Quantity
1			
2			
3			
4			
5			

Attach an annexure duly signed by the Pledgee(s), if the space above is insufficient.

Signature of Clients (s)*

	Sole/First Authorised Signatory	**Second Authorised Signatory**	**Third Authorised Signatory**
Name			
Signature as per RP Records			

I/We agree to abide by and be bound by the WDRA Act, Rules and Regulations, CCRL Bye Laws and Business Rules as are in force from time to time for such Withdrawal Request.

For: Indira Securities Pvt. Ltd.
Signature of the Authorised Signatory

(Please Tear Here)

Acknowledgement Receipt

WRF No.									Date	D	D	M	M	Y	Y	Y	Y
RP ID	1	2	0	1	7	0	0	0	Client ID								
Client Name																	
Quantity									No. of Bags								
Quantity in figure																	

For: Indira Securities Pvt. Ltd.
Signature of the Authorised Signatory